

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
CLIP CLASSIFIER	<i>OW</i>	<i>72</i>	<i>10/6</i>
FORMALITY REVIEW	<i>C.V.</i>	<i>9-503</i>	<i>8-5/11/01</i>
RESPONSE FORMALITY REVIEW	<i>MD</i>	<i>1110</i>	<i>8-22-01</i>

INDEX OF CLAIMS

☐ Rejected
☐ Allowed
☐ Cancelled
☐ Restricted
☐ Non-appealed
☐ Withdrawn
☐ As paid
☐ Issued

Claim No.	Class	Subclass	Section	Page	Remarks
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If more than 150 claims or 10 sections
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